



LOS ANGELES COUNTY COMMISSION ON HIV

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PUBLIC POLICY COMMITTEE MEETING MINUTES

February 26, 2014

Approved
1/28/2015

The Public Policy Committee acts in accordance with the role of the Commission on HIV, as dictated by Los Angeles County Code 3.29.090. Consistent with Commission Bylaws Article VI, Section 2, no Ryan White resources are used to support Public Policy Committee activities.

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	COMM STAFF/ CONSULTANTS
Aaron Fox, MPM, <i>Co-Chair</i>	Richard Zaldivar, <i>Co-Chair</i>	Jason Wise	Jane Nachazel
Michael Johnson, Esq./Kevin Donnelly	Kyle Baker		Craig Vincent-Jones, MHA
Lee Kochems, MA	Joseph Cadden, MD		
Rob Lester, MPP	Gregory Rios/Jenny O'Malley, RN, BSN		
	Sabel Samone-Loreca		DHSP STAFF
	Shoshanna Scholar		Melissa Roldan
	Harold Sterker, MPH		

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- 1) **Agenda:** Public Policy Committee Agenda, 2/26/2014
- 2) **Memorandum:** Proposed 2014 Policy Priorities and Agenda, 7/9/2012
- 3) **Transcription:** Commission on HIV Meeting, February 13, 2014, Public Policy Committee: 2014 Agenda, 2/13/2014
- 4) **Principles:** Los Angeles County Commission on HIV, Ryan White Reauthorization Principles of 2013, 5/2/2012
- 5) **Legislation:** Senate Bill No. 280: (Lieu/Lara): Insurance Affordability Programs: Application Form, 2/14/2013
- 6) **Legislation:** Senate Bill No. 1005: (Lara): Health Care Coverage: Immigration Status, 2/13/2014
- 7) **Article:** Petition drive to put transgender law to California voters comes up short, 2/24/2014
- 8) **Legislation:** Assembly Bill No. 1226: (Ammiano): Pupil rights: sex-segregated school programs and activities, 8/12/2013
- 9) **Letter:** Request for Preparation of Official Initiative Petition Title and Summary, 11/18/2013
- 10) **Article:** Covered California Broker Payments Delayed by Data Problems, 2/25/2014
- 11) **Email:** Medi-Cal and PrEP Question, 2/5/2014
- 12) **Table:** Los Angeles County Commission on HIV, II. Joint Public Policy (JPP) Committee, FY 2010 Work Plan, 2010

1. **CALL TO ORDER:** Mr. Fox called the meeting to order at 1:20 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the Agenda Order (*Postponed*).
3. **APPROVAL OF MEETING MINUTES:**
MOTION #2: Approve the meeting minutes, as presented, from the Joint Public Policy (JPP) and the Public Policy Committee meetings (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no comments.
5. **COMMITTEE COMMENT, NON-AGENDIZED:** There were no comments.
6. **CO-CHAIRS' REPORT:**
A. **Public Policy Regular Meeting Schedule:**

- Mr. Fox said four committees now meet in the fourth week of the month. That makes it difficult for staff to prepare, especially for this last meeting, and to complete work from them for the next Commission meeting.
- Mr. Vincent-Jones noted Dr. Cadden's clinic schedule is also an issue in attending this meeting. He was just texted and replied he could attend the third Wednesday at the same time, 1:00 pm to 4:00 pm.
- ➡ Reschedule meeting to the third Wednesday of the month, 1:00 pm to 4:00 pm, starting with the 3/19/2014 meeting. Due to lack of quorum, the decision will be confirmed at that meeting.

MOTION #3: Retain the regular meeting time of the Public Policy Committee, but advance the regular meeting day from the fourth Wednesday of the month to the third Wednesday of the month (**Postponed**).

B. Committee Member Mentoring:

- The Executive Committee has asked all committees to ensure their members, especially those new to the community planning process, are getting out of it what they need and are comfortable understanding and participating in issues.
- Mr. Vincent-Jones added Public Policy has three members who may potentially feel overwhelmed: Mr. Rios, Ms. Samone-Loreca and Jason Tran. He urged discussing issues proactively. Mr. Rios has said he feels overwhelmed to the point of possibly leaving the Commission and Mr. Tran has said he was not grasping issues.
- Mr. Fox felt the issue was common across committees. He discussed commissioner engagement with the Commission's LA Care and other system presentations with Mr. Vincent-Jones. He felt Public Policy should educate the Commission as a whole about simple, understandable policy and systems information.
- It is unfair to offer presentations if commissioners lack understanding to ask pertinent questions. A Covered California panel was planned for the March, but he and Mr. Vincent-Jones plan to replace it with a Policy 101 presentation, e.g., this is Medi-Cal, Medicare, Ryan White. People often do not understand that there are multiple systems.
- Mario Pérez, MPH, Director, Division of HIV and STD Programs (DHSP), also recommended a presentation on what various County bodies do, e.g., DHSP, the Department of Public Health and the Department of Health Services (DHS).
- Mr. Johnson noted the portfolio for the former Commission's Joint Public Policy Committee included significant direct policy work. He felt it made sense in lieu of integration to dedicate a large proportion of work to education. Integration launched an ongoing process. Many commissioners, as noted, are unfamiliar with critical policy areas the Commission needs to address. He recommended limiting direct policy work to one or two areas and focusing on education.
- Mr. Fox noted there was also more legislation to address in the past. Now issues pertain to complicated health care systems that are trying to work together. That is a broader policy area to address which requires more background.
- Mr. Vincent-Jones agreed and said each Commission could agendize such orientation, but half of commissioners complain that is a waste of time when it is done though the other half appreciates it. He has not found a balance.
- Mr. Fox suggested starting with finding out what people need to know. Mr. Lester urged making presentations more interactive. Mr. Johnson added presentations should acknowledge there are people at the table who know the material but, to partner with others for community planning, a common language and frame of reference must be established.
- Mr. Johnson suggested using Tom Donohoe's interactive clicker technology, e.g., provide a case study and ask what the person qualifies for or identify a system and ask what it covers. Mr. Vincent-Jones said a presentation can be based on questions and show how material relates to PLWH. He noted only so much information can be absorbed per meeting.
- Mr. Lester suggested starting with a case study and then changing data points to illustrate how people fit into various systems, e.g., income, age. Mr. Vincent-Jones noted some items might be left open-ended to foster discussion, e.g., leaving sex open could foster discussion on transgender issues.
- ➡ The new Presentation Work Group will meet 3/4/2014, 9:00 am to 11:00 am. The group will determine whether a suitable presentation can be prepared in time for the March Commission meeting. If not, the first presentation will be in April. Work Group members are: Messrs. Fox, Lester, Johnson and Vincent-Jones.

C. Next Meeting: State Legislation Review:

- Mr. Fox noted all bills have now been introduced so the next meeting will focus on reviewing the docket. That has generally absorbed the entire meeting though the review has become shorter over the years.
- There will be a bill sponsored by county health officers on data-sharing. There is no official Los Angeles County position, but Douglas Frye is taking the lead on the subject.
- The Williams Institute, the ACLU and others were working on a decriminalization bill, but it will not come forward this year. The goal was to change the criminalization statute to require actual HIV transmission rather than only intent.
- San Francisco will likely sponsor a clean-up bill regarding a previously passed syringe exchange bill.
- ➡ Ms. Roldan will attempt to obtain a copy of the County docket for the meeting.

7. 2014 POLICY AGENDA:

A. Policy Agenda Revision/Review:

- This was presented at the February Commission. Mr. Vincent-Jones noted Terry Smith proposed including biomedical and Mr. Pérez sought to add Viral Load (VL) to HEDIS measures. He urged more general language such as common treatment cascade indicators, e.g., “The need for standardization of performance evaluation that would support the national HIV continuum.” That might be a HEDIS measure on VL or common measures for Covered California plans.
- Mr. Fox supported Mr. Smith’s request to add biomedical, but Mr. Vincent-Jones preferred more general language, e.g., to reflect the “treatment is prevention” philosophy in health care delivery such as via biomedical. Five years ago the Agenda had four pages of specific items. It was not workable nor did it present a cohesive view of system goals.
- Mr. Fox suggested the Agenda can also go beyond LGBT issues to address data on health disparities. Mr. Johnson said the Commission requested LA Care share transgender data and they seemed reasonably open to that, but he thought they may not be collecting needed data. The Commission may need to help them identify what to collect.
- Mr. Vincent-Jones heard a plan has voluntarily started collecting transgender data. Mr. Fox said there is discussion of and advocacy for the Covered California/Medi-Cal application to add sexual orientation and gender identification. Data could help address health disparities. Mr. Vincent-Jones urged advocating such health care practices across systems.
- Mr. Johnson said many commissioners do not understand data collection, e.g., what is gathered, how it is gathered and how it can be mined in existing systems. Jeff Gutterman, DHS, has run population management programs for years. He or someone like him could present to the Commission on such programs in health care settings.
- Mr. Vincent-Jones felt there was a lack of accessible, quality data and suggested the State Office of Health Equity could play a role. Mr. Fox is on the advisory board. He noted it is developing a strategic plan to address health disparities this year. It has noted data is necessary to identify disparities and the data is unavailable.
- Mr. Johnson replied many providers are gathering data even if their plans are not. That is especially true in the County system where considerable information is being gathered in population management and disease registry software.
- Mr. Vincent-Jones said DHS lacked a disease registry system until 18 months ago, but Mr. Johnson said information was captured although not in the larger system. The information was first moved into Eye-to-Eye and is now being moved into electronic health records. Data can be mined, but has not been requested.
- Mr. Vincent-Jones questioned the value of collected data because it is not collected consistently. He suggested a policy paper on the subject since it is a core issue. Indicators and quality measures could be addressed at the same time. He felt the most effective message for the Commission to communicate is that everyone involved needs to move in the same direction on the same path rather than focusing on individual health plans and their details.
- Mr. Fox added data on targeted groups is also important to guide prevention efforts with information on whether targeted groups access medical care, preventive services or are tested as frequently as the CDC recommends.
- Mr. Vincent-Jones said the Commission could engage a consultant on the data issue if Public Policy prioritizes it. If so, it should also address disparities and social determinants. Standards and Best Practices is already addressing social determinants. He recently talked with Sophia Rumanes, Chief, HIV and STD Prevention Services, DHSP, about the need for more forecasting and prediction capabilities. She agreed and they discussed modeling to determine the next step.
- Mr. Fox suggested starting with basic questions, e.g., the number of LGBT insured/uninsured. Data would be available in two years if Covered California offered an option to self-identify even if some LGBT chose not to do so. Mr. Vincent-Jones expressed concern surveillance people continually reduce the LGBT percentage based on a formula not revised in years. The Commission has also discussed young MSM of color incidence rates. Better health plan data would help.
- Mr. Fox felt a key issue is strong support for routine PrEP to counter the prevailing AIDS Healthcare Foundation (AHF) message for all to use condoms all the time. He felt AHF works to suppress PrEP marketing making pharmaceutical companies reluctant to advertise. He said AHF believes PrEP creates a medication black market.
- Mr. Johnson agreed PrEP was valuable, but urged looking at consequences of broad PrEP availability advertising, e.g., plans may not be willing to pay for that much medication. Mr. Vincent-Jones said part of discussing priorities is to advocate for traditional funding which is a critical ingredient for PrEP to be successful.
- Mr. Fox said his focus was on policy components that can be controlled, e.g., the Commission could advocate for the State and Los Angeles County Departments of Public Health to issue guidance on PrEP. The New York State Department of Public Health has already done so. Mr. Vincent-Jones recommended obtaining DHSP input.
- Mr. Fox met the prior week with State Department of Health Care Services (DHCS) policy people. He noted the email regarding the Medi-Cal Treatment Authorization Request (TAR) process for requesting PrEP. An adjudicator reviews the TAR for documentation of high risk status and confirmation that PrEP will be used with other measures to reduce risk.

- Mr. Vincent-Jones suggested part of the discussion can be to identify the PrEP policy for different plans.
- Mr. McMillin urged access for all MSM. Mr. Johnson supported robust discussion advocating for availability of PrEP and acknowledgement that current TAR documentation requirements are too restrictive. Most physicians he knew would refuse to ask the questions. He also urged realistically discussing what he felt were the logistic problems and fiscal lack of PrEP sustainability for the general sexually active population. Questions should be addressed before they arise.
- Mr. Vincent-Jones said PrEP was not necessarily fiscally unsustainable. Economies of scale should lower the cost of, e.g., Truvada, due to economies of scale. That could be part of the discussion.
- He was not fully convinced of the value of general PrEP usage. There is insufficient analysis of possible development of resistance. There is also a lack of data on whether those using PrEP reduce other prevention practices.
- Mr. Fox said studies seem to show those starting PrEP do not change prior practices, i.e., they continue using condoms if they did before. Mr. Vincent-Jones noted studies that show condom use declines for PLWH as quality of life improves, but Mr. Fox felt pushing people to use condoms was an old, pointless way of thinking. Mr. Kochems added more PLWH now restrict sexual activities to other PLWH since that population has grown. Condoms then become a non-issue.
- Mr. Fox felt the government should not intervene between a patient and physician. A person should be able to choose the prevention method he or she wants. Mr. Johnson noted there is a question of public funding, but Mr. Fox replied PrEP was approved by the FDA and is on the formulary. He urged DHCS to use New York guidelines. They classify PrEP as a Code 1 medication with automatic approval for HIV- people who request it and are under a physician's care.
- Mr. McMillin said he has the same issue of government interference in his treatment with testosterone gel. His physician has chosen a treatment, but the TAR was refused because other treatments were not tried first.
- Mr. Lester felt it was important to know about and watch PrEP developments. Mr. Vincent-Jones said the Commission has not yet taken a position and County health departments are waiting for research results. Ms. Roldan noted Mario Pérez and Mr. Baker were in favor of PrEP so there is soft support.
- Mr. Vincent-Jones said the discussion raised issues that should be addressed in writing since opponents will raise them. Mr. Fox said New York guidelines are 40 pages long, but include options not necessarily needed here, e.g., PrEPception in which an HIV- female in a serodiscordant couple uses PrEP for a limited time while attempting to conceive.
- Mr. Fox said the DHCS people he met with on PrEP listened. He did not think they knew why PrEP was included, but probably included it because of the iPREX study with information from that study and CDC guidelines. They did not appreciate the TAR barriers of physicians discussing requirements with patients or that physicians generally do not provide condoms, engage in counseling or manage STIs. They agreed to re-examine removing the TAR and classifying PrEP as a Code 1 (regular prescription) for those who are HIV- and who receive HIV testing quarterly.
- They asked for data which has been sent, e.g., on iPREX and other studies and long-term treatment costs. They agreed to actively consider making the change as proposed. The only remaining issue is funding. DHCS might need to go through the Department of Finance. They estimated that the change could be made in approximately six months.
- Mr. Vincent-Jones noted the new healthcare landscape which integrates prevention. The Commission could advocate for expanded use of Ryan White funding such as ADAP in this landscape as part of the planning spectrum.
- Mr. Fox said that 25% of non-core CDC funding can be used for PrEP administrative costs, but not for medications. He felt PrEP should be part of the effort to end HIV through the Ryan White keyhole as we move through healthcare reform. He felt the opportunity was missed with PEP because its availability was not publicized.
- Mr. Vincent-Jones noted PEP can be accessed by going to urgent care and reporting an exposure. Mr. Fox said some people do that periodically. The Los Angeles Gay and Lesbian Center refers people they know access PEP that way to PrEP studies. PEP patients receive a one-month and PrEP patients generally a 90-day supply of medications.
- Mr. Johnson estimated a cost of \$6,000 per PrEP course. Mr. Vincent-Jones noted one of two Truvada medications is off patent with the other expected to do so in 2018. Mr. Fox said Medi-Cal currently offers rebates so the cost is lower.
- Mr. Vincent-Jones added it is also important to address youth stimulant use. Dr. Steven Shoptaw offered to help.
- ➡ Core issues: Policy 101 systems education for Commission; advocacy for data collection and ADAP funding for PrEP.
- ➡ Mr. Vincent-Jones will update the 2014 Policy Agenda and distribute it for Committee review. He will attempt to complete revisions in time for the 3/13/2014 Commission meeting.

B. Policy Priorities:

1. Policy Partners' Priorities:

- Mr. Fox reported the Alliance identified the following priorities: 1. complete OA-HIPP wrap-around coverage of all Covered California out of pocket costs; 2. expanded ADAP eligibility up to 500% of the Federal Poverty Level with

dependents and families included in the eligibility computation. Eligibility is now based on income regardless of whether, e.g., a single mother is supporting children. Many people are now at the eligibility line and need help.

- Mr. Lester asked what plans cover per tier. There has been a lot of initial confusion with Anthem. Mr. Fox did an initial analysis of seven plans. Most combinations such as Atripla are on the fourth, most expensive, tier.
- ➡ Mr. Fox will forward his plan information to Mr. Lester.

2. **Budget and Regulatory Issues:** There was no discussion.

3. **Legislation/Legislative Action:** There was no additional discussion.

8. **COMMUNICATIONS STRATEGY:** This item was postponed.

9. **AFFORDABLE CARE ACT (ACA) IMPLEMENTATION:**

A. **Policy Overview:** There was no additional discussion.

B. **Medicaid Expansion/Covered California Panels:** Discussed in association with Item 9.C.

C. **Blue Shield/Anthem Blue Cross Access:**

- Mr. Vincent-Jones said OA-HIPP premium support checks are not being cashed. He contacted Dr. Karen Mark, Division Chief, Office of AIDS (OA). OA has tried to push premiums without success. It has not identified a contingency response.
- He will discuss a local response with Messrs. Pérez and Baker. Patients should access Ryan White until the issue is resolved, but officially enrolled patients are not supposed to do so. One strategy can be to contact Public Counsel.
- Mr. Fox noted some people have also enrolled in Medi-Cal under the expansion, but not received their cards. The Department of Public Social Services and the Community Clinic Association of California are working on the issue.
- Mr. Vincent-Jones thought DHCS could threaten plans with contract cancellation for non-compliance. The issue is broader than the Commission, but it does have a role in ensuring PLWH receive needed medications and services.
- The LA Gay and Lesbian Center will continue services, but some people may not come in if they feel they cannot pay.
- ➡ Review options after Mr. Vincent-Jones talks with Dr. Mark and Messrs. Pérez and Baker.

D. **PrEP Treatment Authorization:** No additional discussion.

E. **Dual Demonstration Project:** Cal Medi-Connect was again delayed in the County until at least July 2014. A simpler process is being developed for PLWH to opt out of the Medi-Cal side of the demonstration. LA Care has been excluded due to quality issues. Health Net has subcontracted with three or four clinics.

10. **FEDERAL POLICY:**

A. **Ryan White Reauthorization Principles:**

- Mr. Vincent-Jones noted the Principles were written last year. Reauthorization is delayed, but it is important to finalize and disseminate them to inform reauthorization in the era of ACA and address ongoing issues, e.g., some still insist Part C should stand alone despite the obvious need for coordination with Part A.
- ➡ Mr. Lester volunteered to write the Executive Summary.

B. **Federal Budget: Sequestration:** There was no new information except that prevention funding has not been cut.

11. **STATE POLICY:**

A. **Budget – HIV Portfolio:** There was no discussion.

B. **Legislation:**

1. **SB 280 (Lieu/Lara): Insurance Affordability Programs: Application Form:**

- Mr. Fox noted this bill was vetoed by the Governor last year. The insurance affordability programs application form serves several programs such as Covered California. It includes voluntary collection of several data points. This bill authorizes additional voluntary questions regarding sexual orientation and gender identity or expression.
- ➡ Mr. Vincent-Jones will verify whether or not Public Policy took a position previously.

2. **SB 1005 (Lara): Health Care Coverage: Immigration Status:**

- This bill mirrors the marketplace for the uninsured. The \$1 billion cost makes it a message bill to keep the issue alive, but Mr. Vincent-Jones felt it could offer the County another payer source.

- Mr. Johnson agreed, but it might also destabilize current 330 funding for the uninsured and possibly the overall County system. Mr. Vincent-Jones felt the County would support whatever offered the most funding. Ms. Roldan said the Chief Executive Office (CEO) asked DHSP for a quick analysis of how it would affect the ADAP population.

➡ The Mr. Vincent-Jones will follow-up with the CEO to see if it has taken a position.

C. Proposed Initiative to Repeal AB 1266: Mr. Fox reported the initiative received too few signatures to proceed.

12. LOCAL POLICY:

A. Transition Plan – LA County Supervisors:

- Mr. Vincent-Jones noted two supervisors are retiring so preparations should start soon to educate people about the candidates. Patrick Ogawa, Executive Office, confirmed to him that the Commission could meet with candidates.
- Mr. Zaldivar met with a candidate who asked for a Commission policy sheet. It has fact sheets on the Ordinance change and Commission responsibilities, but no policy sheet. Mr. Vincent-Jones will request volunteers next month to develop one. Several people have requested more opportunities to engage in directly developing work.

➡ Postpone selection of volunteers until the next meeting in anticipation of more attendees.

B. LA City Ballot Initiative(s):

1. **Creation of a LA City Health Commission:** The letter in the packet details the official petition title and summary for the proposed ballot initiative.

13. COMMUNITY COLLABORATIONS:

A. Alliance: This item was postponed.

B. CA Center for HIV/AIDS Policy Research: Policy Research Advisory Committee:

- Mr. Wise reported December community meetings across the State identified possible research concepts. Those are being reviewed to ensure they do not duplicate the efforts of other researchers. Results will be reported during next week's call followed by a process to delegate issues. Progress will be reported via email.
 - Several rapid projects on Covered California will be completed by 3/31/2014, the end of the grant cycle. One of these addresses long-term treatment costs. It is designed to assist advocacy with legislators on the value of filling gaps in treatment, prevention, PEP and PrEP in lieu of opportunities presented by the State budget and ACA implementation.
 - Mr. Vincent-Jones suggested reviewing the Ryan White Reauthorization Principles. They provide a compelling case for continuing Ryan White funding and altering it to fit into the ACA methodology to sustain or increase funding. Mr. Wise replied this project focuses on the State. It has already been difficult to hone the material down.
 - Other rapid projects are papers reviewing rapid-rapid confirmatory testing and initial data on home testing. Last year's paper on condoms in prison is being updated. Governor Brown vetoed the bill.
 - Research on the undocumented was discussed at the last meeting. Many researchers are afraid to touch it. Mr. Vincent-Jones said he was aware Northern California lacked interest, but it is a major Southern California concern. OA has committed to providing data collaboratively. The argument that raising the issue would target Ryan White is dead since legislation to fund health services that would cover the undocumented has already been submitted.
 - Mr. Johnson urged coordinating with DHS since it provides services. Mr. Vincent-Jones said the original concept was only to explore the ACA impact on the HIV+ undocumented population. Messrs. Pérez and Baker support the research.
- ➡ Mr. Wise will bring the undocumented issue back to the body.

14. PUBLIC POLICY COMMITTEE 2014 WORK PLAN: Mr. Vincent-Jones noted Public Policy Committee community members will be addressed at the next meeting. Kevin Farrell may apply in addition to Mr. Wise.

15. NEXT STEPS: There was no discussion.

16. ANNOUNCEMENTS: There were no announcements.

17. ADJOURNMENT: The meeting adjourned at 3:30 pm.